## AMENDMENT COVER SHEET

| IN RE APPLICATION OF Huan-Yu         | Su               |  |
|--------------------------------------|------------------|--|
| SERIAL NO.: <u>09/499,999</u> FILED: | February 8, 2000 |  |
| FOR: Rate Determination Coding       |                  |  |

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

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AUG 2 0 2002

Sir:

Technology Center 2600

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☑ The fee has been calculated as shown below:

| ☐ EXTENSION FEE                    | RATE<br>Non-Small Entity | RATE<br>Small-Entity | FEE   |
|------------------------------------|--------------------------|----------------------|-------|
| FIRST MONTH AFTER TIME PERIOD SET  | 110.00                   | 55.00                | \$.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 400.00                   | 200.00               | \$    |
| THIRD MONTH AFTER TIME PERIOD SET  | 920.00                   | 460.00               | \$    |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,440.00                 | 720.00               | \$    |

| TOTAL. | EXTENSION FEE \$ |  |
|--------|------------------|--|
|        |                  |  |

FEE FOR EXTRA CLAIMS added by Amendment in this response:

| ,                                              | Column 1                               | Column 2                         | Column 3               |                             |                      |          |
|------------------------------------------------|----------------------------------------|----------------------------------|------------------------|-----------------------------|----------------------|----------|
|                                                | Number of<br>Claims after<br>Amendment | Number<br>Previously<br>Paid for | Number of Extra Claims | RATE<br>Non-Small<br>Entity | RATE<br>Small Entity | FEE      |
| TOTAL CLAIMS                                   | 34                                     | MINUS **30                       | * = 4                  | x 18                        | x 9                  | \$ 72.00 |
| INDEPENDENT                                    | 4                                      | MINUS ***4                       | * = 0                  | x 84                        | x 42                 | \$       |
| First presentation of multiple dependent claim |                                        |                                  | + 280                  | + 140                       | \$                   |          |

## TOTAL FEE FOR EXTRA CLAIMS \$ 72.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

|   | Total fee for Supplemental Information Disclosure Statement \$ |  |
|---|----------------------------------------------------------------|--|
| _ |                                                                |  |

Attorney Docket No.: 01CON314P

| X              | Enclosed is the total fee of \$                                 | <u>72.00</u> .                                                                                                                                                                                                                                   |
|----------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | Please charge Deposit Account N                                 | No. 50-0731 in the amount of \$                                                                                                                                                                                                                  |
| X              | The Commissioner is hereby author credit any overpayment to Dep | norized to charge payment of any additional fees associated with this communication, posit Account No. 50-0731 A duplicate copy of this sheet is enclosed.                                                                                       |
| Date: _        | 8/8/02                                                          | By: Farshad Farjami, Reg. No. 41,014                                                                                                                                                                                                             |
|                |                                                                 | CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C., 20231, on: |
| <b>Farshad</b> | Farjami, Esq.                                                   | Signature                                                                                                                                                                                                                                        |

Typed or Printed Name of Person Mailing Paper and/or Fee

Farshad Farjami, Esq. Farjami & Farjami LLP 16148 Sand Canyon Irvine, CA 92618 (949) 784-4600